



Rec'd 10/2/18

## 2018 CAMPAIGN FINANCE REPORT

### FOR BALLOT QUESTION COMMITTEES

Please complete ALL entries.

NAME OF COMMITTEE	Neighbors for Neighborhoods			☐ CHECK IF CHANGED FROM PREVIOUS REPORT
STREET	542 Ocean St.			
CITY, STATE, ZIP CODE	04106	TELEPHONE NUMBER	(207) 650-9575	
E-MAIL	neighbors4neighborhoodssopo@gmail.com			☐ CHECK IF CHANGED FROM PREVIOUS REPORT
NAME OF TREASURER	Linda Zweigoron			
MAILING ADDRESS STREET	542 Ocean St.			
CITY, STATE, ZIP CODE	So. Portland, ME 04106	TELEPHONE NUMBER	(207) 650-9575	
E-MAIL	linda.zweigoron@gmail.com			

Type of Report	Due Date	Dates of Report Period
<input type="checkbox"/> Initial	Date of Registration	Beginning of campaign — date of registration
<input type="checkbox"/> April Quarterly	April 10, 2018	January 1, 2018 — March 31, 2018
<input type="checkbox"/> 11-Day Pre-Primary	June 1, 2018	April 1, 2018 — May 29, 2018
<input type="checkbox"/> 42-Day Post-Primary	July 24, 2018	May 30, 2018 — July 17, 2018
<input checked="" type="checkbox"/> October Quarterly	October 5, 2018	July 18, 2018 — September 30, 2018
<input type="checkbox"/> 11-Day Pre-General	October 26, 2018	October 1, 2018 — October 23, 2018
<input type="checkbox"/> 42-Day Post-General	December 18, 2018	October 24, 2018 — December 11, 2018
<input type="checkbox"/> January Quarterly	January 15, 2019	December 11, 2018 — December 31, 2018
<input type="checkbox"/> Amendment to: _____		
<input type="checkbox"/> No Activity Report: Use only if the committee had no contributions and no expenditures and did not incur any unpaid debts or obligations during the reporting period. Check the appropriate report above as well.		
<input type="checkbox"/> Termination Report: If the committee will have no further activity. Check the appropriate report above as well.		

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

Treasurer's Signature

10/2/18  
 Date

**SCHEDULE A  
CASH CONTRIBUTIONS**

- For contributors who gave more than \$100, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For cash contributions totaling \$100 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$100 in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP CODE	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
9/25	Robert + Diana Joyner 68 Loveitts Field Rd. So. Portland, ME 04106	—	I	200.00
9/26	Deborah Pearce 51 Ocean View Ave. So. Portland, ME 04106	—	I	100.00
<b>Total cash contributions (this page only) =&gt;</b> (combined totals from all Schedule A pages must be listed on Schedule F)				<b>300.00</b>

# 1272

# 1436

Key Codes:

- |                                |  |
|--------------------------------|--|
| 1 = Individuals                | 7 = Ballot Question Committee          |
| 3 = Commercial Source          | 9 = Candidate/Candidate Committees     |
| 4 = Non Profit Organization    | 10 = General Treasury Transfer         |
| 5 = Political Action Committee | 13 = Contributors giving \$100 or Less |
| 6 = Political Party Committee  | 16 = Financial Institution             |

**SCHEDULE A-1  
IN-KIND CONTRIBUTIONS**

- In-kind contributions are goods and services (including facilities) that a committee received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the committee by others if the committee does not expect to reimburse the person who made the purchase.
- For contributors who gave more than \$100, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For contributions totaling \$100 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$100 in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP CODE	OCCUPATION AND EMPLOYER	DESCRIPTION (of goods, services, facilities, or discounts received)	TYPE (use key code)	VALUE (estimated fair market value)
* 9/19/18	American Legion		use of facility	4	50.00 *
9/27/18	Linda Zweigson		Campaign buttons	1	160.59
<b>Total in-kind contributions (this page only) =&gt;</b> (combined totals from all Schedule A-1 pages must be listed on Schedule F)					<b>210.59</b>

Key Codes:

- |                                |  |
|--------------------------------|--|
| 1 = Individuals                | 7 = Ballot Question Committee          |
| 3 = Commercial Source          | 9 = Candidate/Candidate Committees     |
| 4 = Non Profit Organization    | 10 = General Treasury Transfer         |
| 5 = Political Action Committee | 13 = Contributors giving \$100 or Less |
| 6 = Political Party Committee  | 16 = Financial Institution             |

Duplicate as needed.

\* Total In-kind from A.L. is \$100.00. \$50.00 reported on 9/20/18 and \$50.00 reported now. I was informed of wrong amount when

08/2016

initially filed

**SCHEDULE B  
EXPENDITURES TO SUPPORT OR OPPOSE**

- Enter all expenditures made to support or oppose a ballot question, referendum, or citizen initiative, including those in signature-gathering phase.
- Enter all expenditures, including cash contributions from this committee, made to support or oppose a candidate, political action committee, ballot question committee, or party committee.
- Enter the name of the candidate, ballot question, or committee supported or opposed by the expenditure and indicate whether the expenditure was made in support or opposition.

If a single expenditure is made to support or oppose multiple candidates, committees, or ballot questions, the expenditure must be itemized by the amount spent per candidate, committee, or question, not as a single expenditure, and each candidate, committee, or ballot question must be identified.

EXPENDITURE TYPES			
CON	Contribution to candidate, party or committee	POL	Polling and survey research
CNS	Campaign consultants	POS	Postage for U.S. Mail and mail box fees
EQP	Equipment (office machines, furniture, cell phones)	PRO	Professional services
FND	Fundraising events	PRT	Print media ads only (newspapers, magazines, etc.)
FOD	Food for campaign events, volunteers	RAD	Radio ads, production costs
LIT	Printing and graphics (flyers, signs, palmcards, t-shirts, etc.)	SAL	Campaign workers' salaries and personnel costs
MHS	Mail house (all services purchased)	TRV	Travel (fuel, mileage, lodging, etc.)
OFF	Office rent, utilities, phone and Internet services, supplies	TVN	TV or cable ads, production costs
OTH	Other	WEB	Website design, registration, hosting, maintenance, etc.)
PHO	Phone banks, automated telephone calls		

**REMARKS REQUIRED ON ALL EXPENDITURE TYPES!**

Date: <u>9/26</u>	Payee Name and Address: <u>Jeff Steubrink 492 Cottage Rd., S.P., ME 04106</u>	Amount
Type: <u>LIT</u>	Remarks (Required): <u>100 lawn signs</u>	365.44
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue: <u>STRs</u>	
Date: <u>9/28</u>	Payee Name and Address: <u>Neighbors for Neighborhoods 542 Ocean St., S.P., ME 04106</u>	Amount
Type: <u>LIT</u>	Remarks (Required): <u>lawn signs</u>	572.15
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue: <u>STRs</u>	
<b>Total expenditures this page only =&gt;</b> (combined totals from all Schedule B pages must be listed on Schedule F)		<b>937.59</b>

BQC Name: Neighbors for Neighborhoods

**SCHEDULE B (continued)  
EXPENDITURES TO SUPPORT OR OPPOSE**

Date: <u>9/28</u>	Payee Name and Address: <u>Neighbors for Neighborhoods</u> <u>542 Ocean St., S.P., ME 04106</u>	Amount
Type:	Remarks (Required): <u>wire stands for lawn signs</u>	126.22
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue: <u>STRs</u>	
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue:	
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue:	
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue:	
<b>Total expenditures this page only ⇒</b> (combined totals from all Schedule B pages must be listed on Schedule F)		126.22

**SCHEDULE C  
LOANS AND REPAYMENTS**

List all new and continuing loans that were unpaid at any time during this reporting period. If a loan amount is forgiven, the amount forgiven **must** also be entered as a contribution on Schedule A.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
LENDER'S NAME AND ADDRESS	LOAN BALANCE AT BEGINNING OF PERIOD	ACTIVITY THIS PERIOD (report amount and date)			LOAN BALANCE AT END OF PERIOD (1+2) - 3 - 4
		AMOUNT LOANED THIS PERIOD	AMOUNT REPAYD THIS PERIOD	AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)	
N/A		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
Totals for each column ⇒		Enter on Schedule F, Line 3	Enter on Schedule F, Line 7		Enter on Schedule F, Line 14

**SCHEDULE D  
UNPAID DEBTS AND OBLIGATIONS**

- A debt or obligation is incurred if a committee places an order for a good or service without making a payment; makes a promise or agreement to pay for a good or service; signs a contract for a good or service; or receives delivery of a good or service for which the committee has not paid.
- This schedule is a list of all debts and obligations of the committee as of the end of this reporting period. When the obligation has been paid, the expenditure (i.e., the actual payment) must be reported on Schedule B.
- If the committee has not received a bill for goods or services, contact the vendor to obtain the amount owed. If it is impossible to verify the amount of the debt, enter an estimated amount and indicate that the amount is estimated in the purpose section.
- If obligations from a previous campaign finance report still remain unpaid, you will need to continue to report them on this schedule until they have been paid in full.

DATE OF OBLIGATION	CREDITOR'S NAME AND ADDRESS	PURPOSE	AMOUNT
	N/A		
<p align="right"><b>Total unpaid debts and obligations (this page only) ⇒</b>                      (combined totals from all Schedule D pages must be listed on Schedule F)</p>			

BQC Name: Neighbors for Neighborhoods

**SCHEDULE F  
SUMMARY SCHEDULE**

**CASH ACTIVITY**

Receipts		Total for this Period
1. Cash Contributions (Schedule A)		300.00
2. Other Cash Receipts (interest, etc.)		-
3. Loans (Schedule C)		-
4. Total Receipts (lines 1 + 2 + 3)		300.00
Expenditures		Total for this Period
5. Expenditures to Support or Oppose (Schedule B)		1,063.81
6. Loan Repayment (Schedule C)		-
7. Total Payments (lines 5 + 6)		1063.81

**CASH SUMMARY**

	Total for This Period
8. Cash Balance at Beginning of Period	2125.00
9. Plus Total Receipts This Period (line 4 above)	300.00
10. Minus Total Payments This Period (line 7 above)	- 1063.81
11. Cash Balance at End of Period	1361.19

**OTHER ACTIVITY**

	Total for This Period
12. In-Kind Contributions (Schedule A-1)	210.59
13. Total Loan Balance at End of Period (Schedule C)	-
14. Total Unpaid Debts at End of Period (Schedule D)	-

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FOD	Food for campaign events, volunteers	RAD	Radio ads, production costs
LIT	Printing and graphics (flyers, signs, palmcards, t-shirts, etc.)	SAL	Campaign workers' salaries and personnel costs
MHS	Mail house (all services purchased)	TRV	Travel (fuel, mileage, lodging, etc.)
OFF	Office rent, utilities, phone and internet services, supplies	TVN	TV or cable ads, production costs
OTH	Other	WEB	Website design, registration, hosting, maintenance, etc.)
PHO	Phone banks, automated telephone calls		
REMARKS REQUIRED ON ALL EXPENDITURE TYPES!			
Date:	Payee Name and Address:	Amount	
9/26	Jeff Steubrink 492 Cottage Rd., S.P., ME 04106	365.44	
Type:	Remarks (Required):		
LIT	100 lawn signs - reimbursement		
<input checked="" type="checkbox"/> Support	Ballot Question/Issue:		
<input type="checkbox"/> Oppose	STRs		
Date:	Payee Name and Address:	Amount	
9/28	Signs on the Cheap 11325A Stonehollow Dr., Austin, TX 78758	572.15	
Type:	Remarks (Required):		
LIT	lawn signs		
<input checked="" type="checkbox"/> Support	Ballot Question/Issue:		
<input type="checkbox"/> Oppose	STRs		
Total expenditures this page only => (combined totals from all Schedule B pages must be listed on Schedule F)			937.59

Duplicate as needed.

Revised 10/19/18  
h7

**SCHEDULE B (continued)  
EXPENDITURES TO SUPPORT OR OPPOSE**

Date: <u>9/28</u>	Payee Name and Address: <u>Build a Sign</u> <u>11525A Stonehollow Dr. Austin, TX</u>	<u>78758</u>	Amount
Type:	Remarks (Required): <u>wire stands for lawn signs</u>		<u>126.22</u>
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue: <u>STRs</u>		
Date:	Payee Name and Address:		Amount
Type:	Remarks (Required):		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue:		
Date:	Payee Name and Address:		Amount
Type:	Remarks (Required):		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue:		
Date:	Payee Name and Address:		Amount
Type:	Remarks (Required):		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue:		
<b>Total expenditures this page only ⇒</b> (combined totals from all Schedule B pages must be listed on Schedule F)			<u>126.22</u>

*Revised 10/19/18*

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